

I claim:

1. A method of combining physician and pharmaceutical care with an integrated data base, comprising:
 - a. compiling a central database containing medical information about a patient, in which the database is accessible by an examining physician and a dispensing pharmacy;
 - b. evaluating the patient's present condition by a qualified person in a treatment facility, with a person in the treatment facility using the information in the database to arrive at a diagnosis;
 - c. alerting the dispensing pharmacy by the physician providing the diagnosis, of any medications prescribed;
 - d. accessing the database by the pharmacy prior to the dispensing of prescription drugs; and
 - e. updating the database by the pharmacy of the medications actually dispensed to the patient.
2. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 1, in which the treatment facility updates the medical history of the patient following diagnosis, and prior to alerting the dispensing pharmacy by the physician providing the diagnosis, of any medications prescribed.
3. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 1, in which the evaluation of the

patient is done initially by a nurse or other similarly trained professional, with the diagnosis and prescribing of medication performed by a physician.

4. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 1, in which the physician is off-site from the location where the patient is being evaluated, and where the physician is contacted by the treatment facility through electronic means.

5. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 1, in which the fee is determined for the patient following the diagnosis, and where the fee is based on the average fee for the type of diagnosis that the patient receives.

6. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 1, in which the person doing the evaluation determines that the patient requires a specialty physician, and directs the patient to a specialty physician for diagnosis.

7. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 1, in which the dispensing pharmacy reviews the patient database regarding negative drug interaction of the medication being currently dispensed, prior to the actual dispensing of the medication.

8. A method of combining physician and pharmaceutical care with an integrated data base, comprising:

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- a. compiling a central database containing medical information about a patient, in which the database is accessible by an examining physician and a dispensing pharmacy;
- b. evaluating the patient's present condition by a qualified person in a treatment facility, where the treatment facility comprises multiple locations;
- c. providing the evaluation information to a physician, who is able to access the information in the database with the evaluation information to arrive at a diagnosis;
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- d. updating the database for the patient;
- e. alerting the dispensing pharmacy by the persons responsible for issuing the diagnosis, of any medications prescribed;
- f. accessing the database by the pharmacy prior to the dispensing of prescription drugs; and
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- g. updating the database by the pharmacy of the medications actually dispensed to the patient.
9. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 8, in which the treatment facility has specialty physicians within the treatment facility able to be contacted
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- by other treatment facility evaluators, with the contact including at least one of the following: audio contact; text contact through the Internet; or visual images capable of being sent through electronic means.

10. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 8, in which the evaluation of the patient is done initially by a nurse or other similarly trained professional, who determines whether or not contact with the physician requires remote electronic contact or physical contact.
11. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 8, in which the physician is off-site from the location where the patient is being evaluated, and where the physician is contacted by the treatment facility through electronic means.
12. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 8, in which the fee is determined for the patient following the diagnosis, and where the fee is based on the average fee for the type of diagnosis that the patient receives.
13. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 8, in which the person doing the evaluation determines that the patient requires a specialty physician, and directs the patient to a specialty physician for diagnosis.
14. A method of combining physician and pharmaceutical care with an integrated data base, as recited in claim 8, in which the dispensing pharmacy reviews the patient database regarding negative drug interaction of the medication being currently dispensed, prior to the actual dispensing of the medication.

15. A method of combining physician and pharmaceutical care with an integrated data base, with a uniform fee structure, in which a fee is established that is directly related to a specific type of diagnosis.
- 5 16. A method of combining physician and pharmaceutical care with an integrated data base, with a uniform fee structure, as recited in claim 15, in which both the treating physician and dispensing pharmacy provide updates to a database, where said database is used to provide information about costs for each patient.
- 10 17. A method of combining physician and pharmaceutical care with an integrated data base, with a uniform fee structure, as recited in claim 15, in which the pharmacy updates the database regarding the medications actually dispensed to the patient and the actual costs of the medications, and determines the total cost for each patient of a particular diagnosis, and then averaging the cost per patient for each type of diagnosis.
- 15 18. A method of combining physician and pharmaceutical care with an integrated data base, with a uniform fee structure as recited in claim 15, in which the pharmacy alerts the treatment center of any new increases in medication costs.
- 20 19. A method of combining physician and pharmaceutical care with an integrated data base, in which the patients are grouped according to their diagnosis for purposes of setting fees, and quality control evaluations.
20. A method of combining physician and pharmaceutical care with an

integrated data base, in which the patients are grouped according to their diagnosis, as recited in claim 19, with the effectiveness of treatment determined for the patient group over a period of time.

21. A method of combining physician and pharmaceutical care with an integrated data base, with a uniform fee structure, as recited in claim 19, in which both the treating physician and dispensing pharmacy have access to a database, and provide updates to a database, where said database comprises medical history of each patient contained within it.